

SCC eFile	2015 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	215536574						
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: AMERICAN MANAGEMENT ASSOCIATION INTERNATIONAL</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CORPORATION SERVICE COMPANY Bank of America Center, 16th Floor 1111 East Main Street RICHMOND, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: RICHMOND CITY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: NY</p> </div> <div style="width: 35%;"> <p>DUE DATE: 10/31/2015</p> <p>SCC ID NO: F0285983</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED				
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<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 1601 BROADWAY</p> <p style="margin-left: 40px;">CITY/ST/ZIP: NEW YORK, NY 10019</p>								
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: EDWARD T REILLY TITLE: PRESIDENT/CEO ADDRESS: 1601 BROADWAY CITY/ST/ZIP/CO: NEW YORK, NY 10019 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: top;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 5%; text-align: center; vertical-align: top;"></td> <td style="width: 20%; text-align: center; vertical-align: top;">DIRECTOR</td> </tr> </table>			NAME: EDWARD T REILLY TITLE: PRESIDENT/CEO ADDRESS: 1601 BROADWAY CITY/ST/ZIP/CO: NEW YORK, NY 10019	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>		DIRECTOR
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NAME:	JAMES M CORGEL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	C/O AMERICAN MANAGEMENT ASSOCIATION		
CITY/ST/ZIP/CO:	1601 BROADWAY NEW YORK, NY 10019		
NAME:	CHARLES R CRAIG	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	C/O AMERICAN MANAGEMENT ASSOCIATION		
CITY/ST/ZIP/CO:	1601 BROADWAY NEW YORK, NY 10019		
NAME:	LEW CRAMER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	C/O AMERICAN MANAGEMENT ASSOCIATION		
CITY/ST/ZIP/CO:	1601 BROADWAY NEW YORK, NY 10019		
NAME:	JEFF DAVIS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	C/O AMERICAN MANAGEMENT ASSOCIATION		
CITY/ST/ZIP/CO:	1601 BROADWAY NEW YORK, NY 10019		
NAME:	EDWARD D HOROWITZ	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	C/O AMERICAN MANAGEMENT ASSOCIATION		
CITY/ST/ZIP/CO:	1601 BROADWAY NEW YORK, NY 10019		
NAME:	DOUGLAS W MCCORMICK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	C/O AMERICAN MANAGEMENT ASSOCIATION,		
CITY/ST/ZIP/CO:	1601 BROADWAY NEW YORK, NY 10019		
NAME:	JAMIE DE PINIES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	C/O AMERICAN MANAGEMENT ASSOCIATION		
CITY/ST/ZIP/CO:	1601 BROADWAY NEW YORK, NY 10019		
NAME:	JOHN RICE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	C/O AMERICAN MANAGEMENT ASSOCIATION		
CITY/ST/ZIP/CO:	1601 BROADWAY NEW YORK, NY 10019		
NAME:	PAMELA GRUNDER SHEIFFER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	C/O AMERICAN MANAGEMENT ASSOCIATION,		
CITY/ST/ZIP/CO:	1601 BROADWAY NEW YORK, NY 10019		
NAME:	JAMES H WALL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	C/O AMERICAN MANAGEMENT ASSOCIATION,		
CITY/ST/ZIP/CO:	1601 BROADWAY NEW YORK, NY 10019		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DIANE C YU DIRECTOR C/O AMERICAN MANAGEMENT ASSOCIATION, 1601 BROADWAY NEW YORK, NY 10019	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ ARTHUR J LEVY SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ARTHUR J LEVY, CORP SEC & GC PRINTED NAME AND CORPORATE TITLE	10/2/2015 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			